



How to complete the Class Verification and MSP Form

BLUE CROSS & BLUE SHIELD OF RHODE ISLAND CLASS VERIFICATION AND MSP FORM

Please complete the information below and submit to Blue Cross & Blue Shield of Rhode Island (BCBSRI) within the number of days indicated in the cover letter.

1. Company Name:	<u>ABC's Retail Store</u>
	(includes primary company and each affiliated company, when applicable)
2. BCBSRI Group Number(s):	<u>000ABC123</u>
	(Found on your monthly bill)
3. Company Federal Tax Identification Number:	<u>12-3456789</u>
	(includes primary company and each affiliated company, when applicable)
4. Company Telephone Number:	<u>401 -- 459 -- 1000</u>
Email:	<u>John.Doe@ABCRetailStore.com</u>
5. Indicate the total number of employees on your payroll regardless of employment status:	<u>11</u>
	(See definition of "Total Number of Employees" and the MSP section on the reverse side of this form.)
6. Indicate the total number of employees eligible to enroll in your health insurance plan:	<u>7</u>
	(See definition of "eligible employee" on the reverse side of this form.)

Example

I own a company called ABC's Retail Store. While I am not on the regular payroll I currently have 6 full-time employees who work between 30 and 40 hours per week and 4 part-time employees who work 16 to 24 hours per week. I only offer health coverage to employees that work 30 or more hours a week. Based on this example the answers to questions 5 and 6 are determined by the following:

The **Total Number of Employees** is 11 because I employ 6 Full-Time Employees plus 4 Part-Time Employees plus myself (as the owner).

There are 7 **Eligible Employees** because I have 6 Full-Time Employees + myself (as the owner) who qualify to get coverage. The 4 part-time employees do not work 30 or more hours per week and would not be offered coverage.

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- 1. Company Name:** Provide your company's name (the name that you do business under). For example, "ABC's Retail Store."
- 2. BCBSRI Group Number(s):** Provide your company's Group number as assigned by BCBSRI. Your BCBSRI Group Number can be found on your monthly bill.
- 3. Company Federal Tax Identification Number:** Provide the tax ID number you use to file taxes for your company, for example - "12-3456789".
- 4. Company Telephone Number:** Provide your company's business contact telephone number.
- 5. Indicate the "total number of employees" on your payroll regardless of employment status:** Provide the total number of employees in your company including part-time, full-time, seasonal, temporary, and all owners of the company, even if they are not "eligible" to be covered by your plan.
- 6. Indicate the "total number of employees eligible" to enroll in your health insurance plan:** Provide the number of persons that qualify as an "eligible employee." This number includes anyone who could choose to have the health coverage your company offers. It includes anyone who chooses to be covered by your plan, along with anyone who declines the coverage (those who sign waivers).

Example of how to determine the number of eligible employees and the total number of employees

I own a company called ABC's Retail Store. While I am not on the regular payroll I currently have 6 full-time employees who work between 30 and 40 hours per week and 4 part-time employees who work 16 to 24 hours per week. I only offer health coverage to employees that work 30 or more hours a week. Based on this example, the answers to questions 5 and 6 are determined as follows:

The **Total** Employees is 11 because I employ 6 Full-Time Employees plus 4 Part-Time Employees plus myself (as the owner).

There are 7 **Eligible Employees** because I have 6 Full-Time Employees + myself (as the owner) who qualify to get coverage. The 4 part-time employees do not work 30 or more hours per week and would not be offered coverage.

See sample on the reverse side on how this information would be recorded on the Class Verification and MSP Form.